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The person at the center of medicine

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The essence of person centered medicine

Medicine, its Art and Science, is about people. Personal relationships between health care professionals and every person seeking their help as a patient lie at the heart of medical practice. Each patient is a person in their own right, whose personhood is derived from people - their families, and their local and national communities. Each person is a complex construct of biological, medical, social, psychological, mental, cultural and spiritual dimensions. The physician-patient relationship is between two persons each bringing their knowledge, personal and professional skills and attitudes into the dialogue. The physician's role and responsibility in this relationship arises from the professional 'value driven' ethical standards of service to humanity. The physician's compassion, competence, caring and empathetic attitude enable the person's own story to unfold within this interpersonal relationship. This is person centered medicine.

Person Centered Medicine was defined in the first Geneva Conference as medicine

- **Of** the person (of the totality of the person's health including its ill and positive aspects)
- **For** the person (promoting the fulfillment of the person's life project)
- **By** the person (with clinicians extending themselves as full human beings well grounded in science and high ethical aspirations)
- **With** the person (working respectfully in collaboration and in an empowering manner through a partnership of patients, family and clinicians)

The Person Centered Care Index (PCI) has been developed with the support of the WHO. In the current version of the PCI the 33 items are organized into eight broad categories:

1. Ethical Commitment
2. Cultural Sensitivity
3. Holistic Scope
4. Relational Focus
5. Individualized Care
6. Common Ground for diagnosis and care
7. People Centered systems of care
8. Person Centered education and research

Current “Evidence Based Medicine” overemphasizes the value of science while patient centered medicine overemphasizes patient’s choice. Person centered medicine with its biological, social, psychological, spiritual model brings both the science and art together. Person centered care fosters a feeling of connectedness with an interpersonal outlook of unity which promotes attitudes of hope, empathy and respect. With the enhancement of wellbeing, drop-out, relapse and recurrence rates in physical and mental disorders are reduced.

Person centered integrative diagnosis and beyond

One of the key aspects of clinical care is reaching a diagnosis in its widest sense, which provides the fundamental basis to planning therapy and care. The person centered integrative diagnosis model is designed to do this. It assesses informational domains of both ill and positive aspects of health on a three level schema – the first is the health status, the second the experience of health and illness, and the third the contributors to health and illness.

There is a need to move towards more personalized, integrated and contextualized models of clinical practice with the active involvement of ‘patients’ as persons with members of their families. Third parties, however, intrude on this patient-physician relationship and their attitudes and language have a significant effect on the dynamics and outcomes of this relationship.

Person Centered Medicine does not recognize an obligation to care for their ‘patients’ solely on their own terms - the clinician just being a provider of goods - but rather within the context of two people; the person as a patient and the physician as a person engage in a dialogical process of shared decision-making focused on the patient as a person’s best interest in a caring atmosphere within a relationship of engagement trust and responsibility. Person Centered Medicine ensures that patients are known as persons in the context of their own social worlds, listened to, informed, respected and involved in their care and their wishes honored during their health care journey.

The power of words

The language we use of patient involvement in healthcare is important. Currently it is both confusing and controversial. Language transmits values and beliefs, reflecting and shaping social perceptions and power relationships. The word patient is limited in its descriptiveness. By definition a patient is ‘a sufferer - one who suffers patiently and one who is under medical treatment, this implies a lack of autonomy, passivity and dependency. In the UK, the terms ‘user’, ‘service user’, consumer, and client have increasingly replaced ‘patient’ in relation to involvement in health and social care service delivery, research or education. The words people use to describe themselves reflect their relationship with their illness or disability and can therefore have personal and emotional significance.

Though service user is currently in vogue, it defines a person by a single narrow aspect of their life (using a specific service) and can be pejorative, demeaning and stigmatizing. It neglects those who do not or cannot access services, and it does not devolve power or respect to the people who use services. Many ‘patients’ or ‘service users’ involved in health professional education are not ill or currently receiving medical care. The prefix ‘lay’ defines people in terms of who or what they are **not** (e.g. a professional). It implies a lack of expertise when many patients will themselves be experts in

their own illnesses. The language does matter as individuals are labeled in different ways. These labels are descriptive not *of a person* but *of a relationship* and likely never will reflect the wide diversity of each individual. That is why the prefix *person centered* is so important.

Modern person centered medicine

Modern medicine places great emphasis on the study of organ systems and the use in practice of objectively measurable biological indices of dysfunction and disease. Such an emphasis becomes disproportionate when this objectification of the somatic ignores (or rejects) the human dimension of illness and risks reaching a point where the patient is seen as part of the disease and not a person in their own right. A knowledge of illness in purely biological terms fails to understand the essence of the human person and the totality of 'what is wrong'. Tournier asserted that a reductionist approach to clinical practice restricted to biomedicine alone is a dangerous activity, lacking an essential insight into the unified dimensions of being that constitute the human individual. Thus there is a need in practice to augment the biomedical knowledge of the patient with knowledge of a different order, a knowledge which rejects the idea of the patient as an object or subject, but instead understands the patient as a *person.*

Modern scientific and technological advances in Medicine can only be successful if they are applied to each person in context and within an overall humanistic framework. The depersonalization and fragmentation of care within the utilitarian and economically driven health systems, that now typify current health service provision in both the developed and developing world, has caused a 'hermeneutic of rupture' with a discontinuity between the 'evidence based' science and humanism. It is therefore becoming increasingly important to re-orientate medicine to its fundamental mission and eliminate the dehumanization that has become increasingly apparent in recent years. It is allowing the medical 'clock' move forward rather than turning the clock back. Practicing person centered medicine is sensitized to the notions of caring within a humanistic framework and promoting and enabling scientific advances to be incorporated into medical practice.

Further reading

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